

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710843

1. Entity Name

PALM BEACH COMMUNITY CHEST/UNITED WAY, INC.

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90122 010 \*\*\*\*70.00

Principal Place of Business

Mailing Address

44 COCOANUT ROW, M-201  
PALM BEACH FL 33480

44 COCOANUT ROW, M-201  
PALM BEACH FLA 33480-4005

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0637885

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITACRE, PHILIP A  
44 COCOANUT ROW, #M201  
PALM BEACH FL 33480

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS KOHL, SIDNEY A  
CITY-ST-ZIP 305 ROYAL POINCIANA PLAZA  
PALM BCH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME VD  
STREET ADDRESS MESSIC, MRS. ROBERT L  
CITY-ST-ZIP 525 S. FLAGLER DR. APT 26E/F  
WEST PALM BCH FL

TITLE ☐ Change ☒ Addition  
NAME Treasurer  
STREET ADDRESS Cole, Mr. Jonathan  
CITY-ST-ZIP 250 Royal Palm Way  
Palm Beach, FL 33480

TITLE ☐ Delete  
NAME T  
STREET ADDRESS LEONE, PAUL  
CITY-ST-ZIP THE BREAKERS, ONE SOUTH COUNTY ROAD  
PALM BEACH FL

TITLE ☒ Change ☐ Addition  
NAME Chairman  
STREET ADDRESS Leone, Paul  
CITY-ST-ZIP The Breakers One South County Road  
PB

TITLE ☐ Delete  
NAME S  
STREET ADDRESS CURTIS, CHRISTINE  
CITY-ST-ZIP 720 S. OCEAN BLVD  
PALM BEACH FL 33480

TITLE ☒ Change ☐ Addition  
NAME VD  
STREET ADDRESS Curtis, Christine  
CITY-ST-ZIP 720 S. Ocean Blvd.  
Palm Beach, FL 33480

TITLE ☒ Delete  
NAME C  
STREET ADDRESS J. PATTERSON COOPER  
CITY-ST-ZIP 261 SANFORD AVE.  
PALM BEACH FL

TITLE ☐ Change ☒ Addition  
NAME Secretary  
STREET ADDRESS Miller, Harriet  
CITY-ST-ZIP 256 Tradewind Dr Palm Beach, FL 334

TITLE ☒ Delete  
NAME P  
STREET ADDRESS RIBAKOFF, EUGENE J.  
CITY-ST-ZIP 44 COCONUT ROW  
PALM BCH FL

TITLE ☐ Change ☒ Addition  
NAME VD  
STREET ADDRESS Hamilton, Anita  
CITY-ST-ZIP 330 Cocoonut Row  
Palm Beach, FL 33480

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)